## Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Name and Address of the Owner, where the Owner, which the Owner, where the Owner, which the				a regione: it show		,	
Filer Identification		Report Filed B	y Candida	ate 1	Committee		Lobbyist
Number		( Mark X)					
Name of Filing Comn	nittee, Candidate or	1	((	7	1 1	11	00
Lobbyist		10-	Here	1	11/20	Hmar	18
Street Address		1	2 4	1 1	2	10.11	+ 31/
Street Address		1	5	V1 9+	1/2	10	
City	0	1	State	100	Zip Code	in	1
	Rend	128		PH		1960	/
Type of Report (Place	x under report type)	)					1
The second secon		/					
1-6 <sup>th</sup> Tuesday 2- 2	nd Friday 3- 30 Day Post	4-6th Tuesday	5- 2 <sup>nd</sup> Friday	6- 30 Day Post	7- Annual	Special 2 <sup>nd</sup> Friday	Special 30 Day
Pre-Primary Pre-	Primary Primary	Pre- Election	Pre- Election	Election		Pre-Election	Post-Election
Date Of Election	11/2/	Year	1.1	Amendment		Termination	<b>S</b>
(MM/DD/YYYY)	11/03/2015		2015	Report		Report	-X
			0				
Summary of Receipts	and From Date	To Date	•		For	Office Use Only	
Expenditures	1,12	11/2	1				
	10120130	45   11/7:	3/2015				
A. Amount Brought F	orward From Last Repor	t \$ 100	1/77				
		1 13	16.11				
B. Total Monetary Co	ntributions and Receipts	\$ 50	13 7/	ŀ			
(From Schedule I)		1200	12:15				
C. Total Funds Availa	ble	\$ 500	101 -0				
(Sum of Lines A and E		1728	1957				
		100	11.50				
D. Total Expenditures		\$ 25	19 0	_			
(From Schedule III)		100	11,30				
E. Ending Cash Baland		\$	0				
(Subtract Line D from			)-				
F. Value of In-Kind Co	ntributions Received	\$ 7					
(From Schedule II)		1 2 5	0.00				
G. Unpaid Debts and	Obligations	\$	in land				
(From Schedule IV)			$\circ$				
MINISTER MINISTER STATE			Affidavit Se	ction			
Part 1- If this is a Commi	ttee report, treasurer sign h	ere If this is a Can					
	his report, including the atta				lge and belief tr	us correct and comple	to
		Z Z	10 X	best of my knowled	ige and belief ti	de, correct and comple	ie.
Sworn to and subscribed	before me this	A A	iblic inty 9, 2016 of NOT		7		
aday of Dec	enherzo 15	· 1	Public County . 19, 20 ON OF N	k N			
111	1200 \$	- ' NSXI	4 9 1 8 -	Signature	of Person Subm	aitting report /	
NAMINA	4 1000	<b>★</b>	ks yar	JJE	Hay	Walten	J
Signat	ure	, lo 10	Notary Notary Berks ires Jar		Printed Nam	е	
	/ / >	. 19	a to go A	1	. /	=1 d12	$\sim$
My Commission expires_	1 14 de	16 E	Notarial Sealina L. Biett, Notarial Sealina L. Biett, Notarial Services of Reading, Berk mission Expires J	210	4	1-9120	)
	MO. DAY YR.	EA	Not React District Not React Dis	Area Code	Day	time Telephone Numbe	er
		VWEA	y of		20.0000	en e	
	of a Candidate's Authorized	Committee, candi				**************************************	
	the best of my knowledge				y provisions of t	the Act of June 3, 1937 (	P.L. 1333. NO.320) as
amended.	a ===	81	1 =				
			ME				
Sworn to and subscribed	before me this						
		New York					
day of	20	_ '1					
				Sign	nature of Candid	date	
		- i`	-				
Signat	ure				Printed Name		
My Commission expires_	110		<u></u>				g control
	MO. DAY YR.		Δ.	Area Code	Dayt	ime Telephone Numbei	ri.
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BY: Mak

### **SCHEDULE I**

## **Contributions and Receipts**

**Detailed Summary Page** 

Filer Identification Number	
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	
Total for the reporting period (1)	\$
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	
Contributions Received from Political Committees (Part A)	\$
All Other Contributions (Part B)	\$ 407.75
Total for the reporting period (2)	\$ 402.75
3. Contributions Over \$250.00 (From Part C and Part D)	
Contributions Received from Political Committees (Part C)	\$ 500,00
All Other Contributions (Part D)	\$ 1100.00
Total for the reporting period (3)	\$ 1100.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	
Total for the reporting period (4)	\$
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)	\$ 2002.75

#### **PART A**

## **Contributions Received From Political Committees**

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identi	fication Number				
					Amount
Full Name Committe	e of Contributing ee			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name Committe	of Contributing	Date [MM/DD/YYYY]	\$		
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name Committe	of Contributing e			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name Committe	of Contributing e			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name Committed	of Contributing e			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Committee				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$

#### PART B

## **All Other Contributions**

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:

· 社會學院 (1997年) (1997年) (1997年) (1997年) (1997年)					
Full Name of Contributor	Alan St	rumas	Date [MM/DD/YYYY]	\$	150,00
House # Street A	Addross			25,435	1 3010
House # 50 Street A	N. 57	h St.	Date [MM/DD/YYYY]	\$	
City Repetis	State P	Zip Code 196	Date [MM/DD/YYYY]	\$	
Full Name of Contributor	20 1		Date [MM/DD/YYYY]	\$	
	Michael F	romm	10/23/2015		100.00
House # 210 (Street A	ddress (e-tre	Avenue	Date [MM/DD/YYYY]	\$	
City Rendin	- on State PA	Zip Code 196	Date [MM/DD/YYYY]	\$	
Full Name of Contributor	1 7	i	Date [MM/DD/YYYY]	\$	
	Thorna	tati	adores		
House # Street A	Address		Date [MM/DD/YYYY]	\$	
City	Chata	7: 6 1	2		
diy	State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		)	Date [MM/DD/YYYY]	\$	
	Steve f	rite	10/24/2015	-	100.00
House # Street A	ddress (Na No	t st.	Date [MM/DD/YYYY]	\$	
City Rendit	State PA	<b>Zip Code</b> 1966	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		: /	Date [MM/DD/YYYY]	\$	
	Jeffrey S	i. Walturs	- SR. 11/3/2015		52.75
House # 7 3 Street A	ddress	Ith St.	Date [MM/DD/YYYY]	\$	
City Rending	State PA	7in Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor			Date [MM/DD/YYYY]	\$	
House # Street Ac	ddress		Date [MM/DD/YYYY]	\$	
Jucitin			Date [INIM/DD/1111]	7	
City	State	Zip Code	Date [MM/DD/YYYY]	\$	

#### PART C

## **Contributions Received From Political Committees**

Over \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Filer Identification Number:

Full Name of Contributing Con	mmittee F	OX Ro	th (child	PAC   1// 3/20/5	\$ 500,00
House # 200	Street Addre	ss Marka	Street	Date [MM/DD/YYYY]	\$ 300100
City	ripelle	State	A Zip Code 14	Date [MM/DD/YYYY]	\$ 
Full Name of Contributing Cor	nmittee			Date [MM/DD/YYYY]	\$
House #	Street Addre	ss		Date [MM/DD/YYYY]	\$ 
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Con	nmittee			Date [MM/DD/YYYY]	\$
House #	Street Addre	ss		Date [MM/DD/YYYY]	\$ 
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Con	nmittee			Date [MM/DD/YYYY]	\$
House #	Street Addres	ss		Date [MM/DD/YYYY]	\$ 10
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Con	nmittee			Date [MM/DD/YYYY]	\$
House #	Street Addres	s		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Com	nmittee	(Total 20 September 1)		Date [MM/DD/YYYY]	\$
House #	Street Addres	S		Date [MM/DD/YYYY]	\$ 
City		State	Zip Code	Date [MM/DD/YYYY]	\$ <del></del>

#### PART D

## **All Other Contributions**

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

Filer Identification Number:					
Full Name of Contributor		. 1	Date [MM/DD/Y)YYY]	\$	
	rek G	oclati	10/23/2015	-	600,00
House # 31720 Street Address		'NA Isle	Date [MM/DD/YYYY]	\$	000,00
City Box to Socre	State	Zip Code	Date [MM/DD/YYYY]	\$	
Employer Name	Stile	Soy, (AS)	Occupation		
Employer Mailing Address / Principal Place of Business	(	enelin	PA		
Full Name of Contributor	//		Date [MM/DD/YYYY]	\$	
House # Street Address	ing St	cil	10/30/2015		500,00
400	Waln	ere Way	Date [MM/DD/YYYY]	\$	
City Blue Bell	State	Zip Code 190	Date [MM/DD/YYYY]	\$	
Employer Name	P	nels Phi	Occupation	Crite	
Employer Mailing Address / Principal Place of Business		Rendy	Pr		
Full Name of Contributor		):	Date [MM/DD/YYYY]	\$	
House # Street Address			Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Employer Name			Occupation		
Employer Mailing Address / Principal Place of Business					
Full Name of Contributor			Date [MM/DD/YYYY]	\$	
House # Street Address	***************************************	*	D In the land house		
riouse # Street Address			Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Employer Name			Occupation		
Employer Mailing Address / Principal Place of Business					

#### SCHEDULE II

## **IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED**

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer Identification Number:	
UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50	O OO OR LESS DER CONTRIBUTOR
TOTAL for the reporting period (1)	\$
2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.	.00 (FROM PART F)
TOTAL for the reporting period (2)	\$ 250,00
3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM	J PART G)
TOTAL for the reporting period (3)	\$
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)	\$

#### **SCHEDULE II** PART F

## **In-Kind Contributions Received**

			VALUE OF \$50.01 TO	\$250	2000
Filer Identificatio	on Number:		r en		
Full Name of Co		id	Kersley	Date [MM/DD/YYYY]	350,00
House #	Street Address	Dor,	Inus St.	Date [MM/DD/YYYY]	\$
City	len diri	State	A Zip Code 196	Date [MM/DD/YYYY]	S
Description of (	Contribution )				
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of C	Contribution				
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
House #	Street Address	T. 7 . 3. W. 100-00-0		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of C	Contribution				la I
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of C	Contribution				L
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$

**Description of Contribution** 

# Statement of Expenditures

Filer Identification Number:	

To Whom Paid Vistaprint	1842.00
House # 95 Street Address Hayden Ave	Description of Expenditure
City State A Zin	Postcards/Mailers
lexineton state MA code 02421	
To Whom Paid Mathew Waltman	Date [MM/DD/YYYY] \$ 465.00
House # 1447 Street Address N. 9th St.	Description of Expenditure CAM-PA. 44 Straft
City Repeli- ( State PA Zip Code 19604	
To Whom Paid	Date [MM/DD/YYYY] \$
Er.W Pushey	10/24/2015 420,00
House # 1447 Street Address N. 9th St.	Description of Expenditure  CANVASSER STAFF
City Repaired State DA Zip Code 1960	. /
To Whom Paid	Date [MM/DD/YYYY]   \$
Kendin Democratic Comm	10/24/2015 150,00
House # 434 Street Address WANT St.	Description of Expenditure
City Render State PA Zip Code 19601	
To Whom Paid	Data [MM/DD/WWW]   ¢
To Whom Paid Weel Bropdinstie	Date [MM/DD/YYYY] \$ 400,00
	Description of Expenditure
House # 34 Street Address N. 4 St.  City D State D Zip 10/01	10/30/2015 400,00
House # 34 Street Address N. Who St.	Description of Expenditure  RADIO ADS
House # 34 Street Address N. 44 St.  City Rendy State Tip Code 19601  To Whom Paid Happy Fam y	Description of Expenditure  RADIO ADS  Date [MM/DD/YYYY] \$ 48.69
House # 34 Street Address N. 4h St.  City Rendy State Procede 19601  To Whom Paid Happy Famy  House # 632 Street Address Green with St.	Description of Expenditure    Date [MM/DD/YYYY]   \$   48.69     Description of Expenditure   1.69     Descri
House # 34 Street Address N. 4 Street Address State Tip Code 19601  To Whom Paid Happy Fam y	Description of Expenditure  RADIO ADS  Date [MM/DD/YYYY] \$ 48.69
House # 34 Street Address N. 4 St.  City Rendered Famy  House # 632 Street Address Green with St.  City Dending State PA Zip Code 19601	Description of Expenditure  CA 010 A 05  Date [MM/DD/YYYY] \$ 48.69  Description of Expenditure  LUNCH - Worker S
House # 34 Street Address N. 4 St.  City Rendered State Pany  House # 632 Street Address breen with St.  City Dender State PA Zip Code  To Whom Paid  Little CeaserS	Date [MM/DD/YYYY]   \$   48.69
House # 34 Street Address N. 4 St.  City Rendered State Tip Code 19601  To Whom Paid Happy Famy  House # 632 Street Address breen with St.  City Dendered State PA Zip Code 19601  To Whom Paid	Description of Expenditure  CA 010 A 05  Date [MM/DD/YYYY] \$ 48.69  Description of Expenditure  LUNCH - Worker S
House # 34 Street Address N. 4 Street Address N. 4 Street Address N. 4 Street Address N. 4 Street Address State PA Zip Code 19601  To Whom Paid Street Address State PA Zip Code 19601  To Whom Paid Little Ceasers  House # 1422 Street Address V. L. Street Address V. Street Address V. L. Street Address V. L. Street Address V. L. Street Address V. Street Address V. Street Address V. L. Street Address V. St	Date [MM/DD/YYYY]   \$   48.69
House # 34 Street Address N. 4 St.  City Rendered State Pany  House # 632 Street Address breen with St.  City Dending State PA Zip Code 19601  To Whom Paid Little Ceasers  House # 1930 Street Address Caser S  City Dending State PA Zip Code 19601  To Whom Paid Little Ceaser S  City State O Zip 19601	Date [MM/DD/YYYY] \$ 48.69  Description of Expenditure  Lunch - WorkerS  Description of Expenditure  Lunch - WorkerS
House # 34 Street Address N. 4th St.  City Report Address N. 4th St.  To Whom Paid Happy Famy  House # 632 Street Address Green w.e. St.  City Dending State PA Zip Code 1960  To Whom Paid Little Ceasers  House # 1420 Street Address Caser S  City Report State PA Zip Code 1960  City Report State PA Zip Code 1960  To Whom Paid ECN Bulley	Date [MM/DD/YYYY]   \$   18.69
House # 34 Street Address N. 4th St.  City Report of State Pany  House # 632 Street Address breen with St.  City Dending State PA Zip Code 19601  To Whom Paid Little Ceasers  House # 1420 Street Address Casers  City Report of State PA Zip Code 19601  City Report of State PA Zip Code 19604  To Whom Paid City Report of State PA Zip Code 19604	Date [MM/DD/YYYY] \$ 48.69  Date [MM/DD/YYYY] \$ 48.69  Description of Expenditure  LUNCH - WorkerS  Date [MM/DD/YYYY] \$ 18.10  Description of Expenditure  LUNCH - WorkerS

## Statement of Expenditures

Filer Identification Number:	
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	· ·
	•

To Whom Paid	11. 00	1 1 1 1 1		Date [MM/DD/YYYY] \$
	MATher	Walt	man	11/3/2015 125.00
House #	7 Street Address	No 9th	Sta	Description of Expenditure
City Re	adul	State PA	Zip Code 196x	Poll Worker
To Whom Paid	00	10		Date [MM/DD/YYYY] \$
	Soft	itos,		11/3/2015 84.76
House # 220	Street Address	DOLIASS		Description of Expenditure
City Rev	selvet	State / PA	Zip Code 1966 /	
To Whom Paid	Polit	House	Restaurant	Date [MM/DD/YYYY] \$
House # 1 ( ( / ( )	Street Address	V. Park	Rond	Description of Expenditure
City C	0201-1	State PH	Zip Code 19610	Staff Dinner
To Whom Paid	101.		code   / / (6 / C	Date [MM/DD/YYYY] \$
	\			Date [WW/DD/1111]
House #	Street Address			Description of Expenditure
City		State	Zip Code	
To Whom Paid			The second of th	Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City	Total desirable participate a second second	State	Zip Code	
To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City	Name and a common of	State	Zip Code	
To Whom Paid				Date [MM/DD/YYYY] \$
American				
House #	Street Address			Description of Expenditure
City		State	Zip Code	
To Whom Paid		THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW		Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City		State	Zip Code	
Alexandria (Alexandria)		300300000000		